	m 481 - Carrier Annual Reporting Illection Form		FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
<010>	Study Area Code 4690	023	
<015>	Study Area Name Northern Colorado (Communications, Inc.	2 10 2 WA
<020>	Program Year 20	014	
<030>	Contact Name: Person USAC should contact with questions about this data	April Simmons	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	970-483-7300	
<039>	Contact Email: Email of the person identified in data line <030>	april@wigginstel.com	
ANNUA	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice) < check box if no o	(complete attached worksheet) outages to report	V V
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	\$0 (attach descriptive document) (attach descriptive document)	V
<400> <410> <420> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broadban Fixed Mobile	0 0 nd)	V V
<510> <600> <610> <700> <710> <800>	Service Quality Standards & Consumer Protection Rule: Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates	(attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet)	V V V V V V V V V V V V V V V V V V V
<1000> <1010> <1100> <1110>	Tribal Land Offerings (Y/N)? No Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Yes Terms and Condition for Lifeline Customers	(if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	V
<2000> <2005>	Price Cap Carriers, Proceed to Price Cap Additional Do Including Rate-of-Return Carriers affiliated with Price Co	ap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)	
<3000> <3005>		(check to indicate certification) (complete attached worksheet)	

	rvice Quality Improvement Reporting lection Form			FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		469023	
<015>	Study Area Name		Northern Colorado Communications, Inc.	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		April Simmons	HE CONTRACTOR OF THE CONTRACTO
<035>	Contact Telephone Number - Number of person identified in data line <030>		970-483-7300	
<039>	Contact Email Address - Email Address of person identified in data line <030>	***************************************	april@wigginstel.com	with the second
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	No	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)		
<112>	54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire	Name	e of Attached Document (.pdf)	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement	Name	e of Attached Document (.pdf)	
<113>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name	e of Attached Document (.pdf)	
:113>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets	Name	e of Attached Document (.pdf)	
:113> :114> :115>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received	Name	e of Attached Document (.pdf)	
	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality	Name	e of Attached Document (.pdf)	

(200) Service Outage Reporting (Voice) Data Collection Form

FCC Form 481

OMB Control No. 3060-0986 OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	469023	
<015>	Study Area Name	Northen Colerado Communications, Inc.	100-00-0
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	April Simmons	
<035>	Contact Telephone Number - Number of person identified in data line <030>	970-483-7300	
<039>	Contact Email Address - Email Address of person identified in data line <030>	april@wigginstel.com	The state of the s

<220>

<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
			X X T-47/ WIN	e se veste commercial							
									1 <u>1112 v 20 11 4110 </u>		
											W.D. 100
- 310											
					***				Will be a second of the second	A-0-10-10-10-1	
		W = 184		Book to the second			***				

	erating Companies and Affiliates lection Form		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		469023
<015>	Study Area Name	W-3177	Northern Colorado Communications, Inc.
<020>	Program Year		2014
<030>	Contact Name - Person USAC should contact regarding this data		April Simmone
<035>	Contact Telephone Number - Number of person identified in data line <030>		970-483-7300
<039>	Contact Email Address - Email Address of person identified in data line <030>		april@wigginstel.com
<810> <811>	Reporting Carrier Northern Colorado Communications, Inc. Holding Company	100 Maria (100 Maria (
<812>	Operating Company		
<813>	<a1></a1>	<a2></a2>	<a3></a3>
10132			
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Higgina Telephone Association	462209	
	E-1995		
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	Billion State Committee Co		
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			75 F. S.
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	2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		A STATE OF THE STA
	A Parameter Control of the Control o		

	pal Lands Reporting			FCC Form 481 OMB Control No. 3060-0986
ata Con	ection Form			OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		469023	
<015>	Study Area Name		Northern Colorado Communications, Inc	
<020>	Program Year	27/0	2014	
<030>	Contact Name - Person USAC should contact regarding this data		April Simmons	
<035>	Contact Telephone Number - Number of person identified in data line	<030>	970-483-7300	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	april@wigginstel.com	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation		Name of Attached Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:			
		Select (Yes,No, NA)		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;			
<922>	Feasibility and sustainability planning;		1	
<923>	Marketing services in a culturally sensitive manner;		1	
<924>	Compliance with Rights of way processes		1	
<925>	Compliance with Land Use permitting requirements		1	
<926>	Compliance with Facilities Siting rules			
<927>	Compliance with Environmental Review processes		1	
<928>	Compliance with Cultural Preservation review processes			
<929>	Compliance with Tribal Business and Licensing requirements.		1	
ヘコムコン	compliance with most business and licensing requirements.		_	

(1110) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	469023
<015>	Study Area Name	Northern Colorado Communications, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	April Simmons
<035>	Contact Telephone Number - Number of person identified in data line <030>	970-483-7300
<039>	Contact Email Address - Email Address of person identified in data line <030>	april@wigginstel.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		469023	
<015>	Study Area Name	-9 15 18	Northern Colorado Communications, Inc.	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		April Simmons	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	970-483-7300	
<039>	Contact Email Address - Email Address of person identified in data li		april@wigginstel.com	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website	Name o	469023001210 of attached document (.pdf)	
	Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting fo ETCs receiving low-income support, carriers must annually report:	r		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<u>v</u>		
<1222>	Details on the number of minutes provided as part of the plan,	<u>v</u>		
<1223>	Additional charges for toll calls, and rates for each such plan.	<u>√</u>		

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		
<015>	Study Area Name		
<020>	Program Year		305.5
<030>	Contact Name - Person USAC should contact regarding this data		
<035>	Contact Telephone Number - Number of person identified in data line <030>		
<039>	Contact Email Address - Email Address of person identified in data line <030>		
CHECK th	se boxes below to note compliance as a recipient of Incremental Connect America Ph support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the	ase I support, frozen High Cost support, High Cost support to offset a information reported on this form and in the documents attached be	
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}		·
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Dales Con Comias Bassisian Funnan Company Contification 147 CER 5 F4 212(a))		
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification		
<2012>	2014 Frozen Support Certification		
<2013>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
-2025	2010 and rater of rozen support our andaron		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipier	nt	
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband	4.	
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<u> </u>

	ate Of Return Carrier Additional Documentation lection Form			FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code			
<015>	Study Area Name			
<020>	Program Year			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data fine Cosop			
CHECK ti	he boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(f)(2). I further certify that ti	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring he information reported on this form and in the documents attach	5 (25)(25)(31) (1)	porting requirements set forth in 47
	Progress Report on 5 Year Plan			
(3010) (3011)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information		
	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313{f}(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313{f}(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313{f}(2) compliance	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)	
(3015)	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications			
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.			
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications			
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant			
(3024) (3025)	Underlying information subjected to an officer certification.			
10.0004	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information		

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
· · · · · · · · · · · · · · · · · · ·	July 2013

<0.10>	Study Area Code	469023
<015>	Study Area Name	Northern Colorado Communications, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	April Simmons
<035>	Contact Telephone Number - Number of person identified in data line <030>	970-483-7300
<039>	Contact Email Address - Email Address of person identified in data line <030>	april@wigginstej.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carr	AND ALTERNATION OF THE PROPERTY OF THE PROPERT		ng requirements for universal service support
recipients; and, to the best of my knowledge, the	e information reported on t	this form and in any attachments is accurate.	
Name of Reporting Carrier: Northern Colorado		£	
Signature of Authorized Officer:	ry Klindu	ikan	Date 10/15/2013
Printed name of Authorized Officer: Terry Henry	rickson	,	
Title or position of Authorized Officer: CEO/Ge	neral Manager		
Telephone number of Authorized Officer: 970-4	33-7300	1,00 mg - 1,000 mg -	ALEXANDER CONTROL OF THE CONTROL OF
Study Area Code of Reporting Carrier:	469023	Filing Due Date for this form:	10/15/2013

(510) Service Quality Standards & Consumer Protection Rules Compliance Procedures							

<010>	Study Area Code	469023
<015>	Study Area Name	Northern Colorado Communications, Inc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Terry Hendrickson
<035>	Contact Telephone Number - Number of person identified in data line <030>	970-483-7343
<039>	Contact Email Address - Email Address of person identified in data line <030>	terry@wigginstel.com

Service Quality Standards

The company complies with the service quality standards set forth in the following sections of the Colorado Public Utilities Commission (CoPUC) Rules, 4 Code of Colorado Regulations (CCR) 732-2

- §2334 Construction and Maintenance Practices
- §2337 Standard Performance Characteristics for Customer Access Lines
- §2338 Interexchange Trunk Connections
- §2340 Network Call Completion Requirements

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers [47 CFR §64.1100]
- CoPUC rule 4 CCR 732-2.2311 Changing Provider/Carrier Presubscription
- The FCC's Truth-in-Billing Requirements (47 CFR §64.2400)
- CoPUC rule 4 CCR 732-2.2304 Customer-Billing Requirements
- · All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

(610) Functionality in Emergency Situation Procedures	Form 481

<010>	Study Area Code	469023
<015>	Study Area Name	Northern Colorado Communications, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Terry Hendrickson
<035>	Contact Telephone Number - Number of person identified in data line <030>	970-483-7343
<039>	Contact Email Address - Email Address of person identified in data line <030>	terry@wigginstel.com

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. {4 CCR 732-2.2335 The Provision of Service During Maintenance or Emergencies}



NORTHERN COLORADO COMMUNICATIONS, INC.

P.O. BOX 206 WIGGINS, COLORADO 80654 (970) 483-7300



Lifeline Assistance is a government assistance program sponsored by the FCC to reduce rates for primary residential telephone service to qualifying subscribers who receive income-based benefits.

Lifeline subscribers may receive unlimited local calling at a discount of \$9.25.

Eligible customers may obtain Toll Blocking or Limited Toll Blocking free of charge. The Company's voice lifeline plan does not include any free minutes of use for toll. Eligible customers that elect to take Toll Blocking will not be required to pay a service deposit.

Limitations:

- ✓ The discounts are applicable only on the end user's principal residence line.
- ✓ One discount per household for eligible participants is allowed. Discount is applicable towards primary residential connections only. The telephone service must be listed in your name. A household is everyone who lives together at your address as one economic unit.
- ✓ Service is non-transferable.

Eligibility Requirements:

- ✓ Participant must be verified eligible prior to participation.
- ✓ With income at or below 135% of the Federal Poverty Guidelines.
- ✓ Participating in any of the following programs: Medicaid, Supplemental Nutrition Assistance Program (a.k.a. Food Stamps), Supplemental Security Income (SSI), Federal Public Housing Assistance (Section 8), Low-Income Home Energy Assistance Program (LIHEAP), National School Lunch Program's free lunch program, and Temporary Assistance for Needy Families.
- ✓ Lifeline subscribers must re-certify eligibility each year.
- ✓ To determine if you are eligible, please contact the business office at (970) 483-7343.

The Link Up support has been eliminated of April 1, 2012.